

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000005553**

1. Entity Name  
**CRYOBANKS INTERNATIONAL, INC.**



Principal Place of Business  
**270 SOUTH NORTH LAKE BLVD., STE 1012  
ALTAMONTE SPRINGS, FL 32701**

Mailing Address  
**270 SOUTH NORTH LAKE BLVD., STE 1012  
ALTAMONTE SPRINGS, FL 32701**

**DO NOT WRITE IN THIS SPACE**



07212004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3310005**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**NATIONAL CORPORATE RESEARCH, LTD., INC.  
103 N. MERIDIAN STREET  
TALLAHASSEE, FL 32301-0000**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**U00000167861  
07/22/04-80013-001 550.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
BRUNOEHLER, DWIGHT  
270 SOUTH NORTH LAKE BLVD STE 1012  
ALTAMONTE SPRINGS, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**C  
KAZI, ZUBAIR  
270 SOUTH NORTH LAKE BLVD STE. 1012  
ALTAMONTE SPRINGS, FL 32701**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SD  
BURGER, ALAN  
270 SOUTH NORTH LAKE BLVD STE. 1012  
ALTAMONTE SPRINGS, FL 32701**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TD  
SCANLAN, CHRISTOPHER  
270 SOUTH NORTH LAKE BLVD STE. 1012  
ALTAMONTE SPRINGS, FL 32701**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
HERRERA, ANGEL  
270 SOUTH NORTH LAKE BLVD STE. 1012  
ALTAMONTE SPRINGS, FL 32701**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
LEDERMAN, SANFORD MD  
270 SOUTH NORTH LAKE BLVD STE. 1012  
ALTAMONTE SPRINGS, FL 32701**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dwight C. Brunoebler* **Dwight C. Brunoebler** 7/21/2004 407-834-8333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #